

**GOVERNING BODY PUBLIC MEETING**

**THURSDAY, 20 DECEMBER 2012, 1.30 – 4.00 PM**  
**Westwood Masonic Centre, 168 Bellegrove Road, Welling DA16 3RD**

**PRESENT:**

Dr Howard Stoate	GP Chair – NHS Bexley Clinical Commissioning Group Governing Body
Dr Sid Deshmukh	GP Clinical Commissioning Group, Locality Lead Frognal
Dr Bill Cotter	GP Clinical Commissioning Group GP, Locality Lead Clocktower
Dr Varun Bhalla	GP Clinical Commissioning Group GP, Locality Lead North Bexley
Dr Sarah Chase	Locality Representative Frognal
Dr Sushanta Bhadra	Locality Representative North Bexley
Dr Gunen Ucyigit	Locality Representative Clocktower
Dr Graham Rehling	Secondary Care Specialist
Yemisi Osho	Nurse
Keith Woods	Lay Member
Sandra Wakeford	Lay Member
Sarah Blow (Chair)	Chief Officer
Ron Brewster	Representative from the Patients
Maureen Holkham	Acting Local Authority Public Health Specialist
Simon Evans-Evans	Director of Governance & Quality
Sarah Valentine	Director of Commissioning (start date 29 February 2013)
Mike Attwood	Interim Director of Commissioning

**IN ATTENDANCE**

Julie Witherall	Head of Finance and Business (Bexley)
Mary Stoneham (notes)	Corporate Office Manager

**APOLOGIES:**

Theresa Osborne	Chief Financial Officer
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**179/12 WELCOME AND APOLOGIES FOR ABSENCE**

Dr Howard Stoate welcomed members to the Governing Body Public Meeting and explained that the meeting was held in public in order that the public may observe the decision making process. The public would have an opportunity to ask questions during the meeting.

**180/12 DECLARATIONS OF INTEREST**

Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda and the meeting **noted** the following:

- Julie Witherall – staff member of the Commissioning Support Unit (CSU) agenda item 200/12 Commissioning Support Unit SLA
- Mike Attwood – Sue Ryder Trustee – confirmed that he has taken no part in Rehabilitation Tendering Process agenda item 199/12.
- Dr Bill Cotter – confirmed that has taken no parting the Anti-Coagulation Tendering Process – not on meeting agenda but associated meeting discussion may take place.

**181/12 MINUTES OF THE FORMAL BEXLEY CLINICAL COMMISSIONING MEETING HELD ON 25 OCTOBER 2012**

The minutes of the Bexley Clinical Commissioning Group meeting held on 25 October 2012 were **agreed** with the following noted:

- 154/12 No Co-opted members on the Membership of Governing Body
- 159/12 Quality Update (second paragraph) typo – amber to replace ambler.

**ACTION POINTS FROM THE FORMAL BEXLEY CLINICAL COMMISSIONING MEETING HELD ON 25 OCTOBER 2012**

- 150/12 – Mental Health Contract Performance Report – Dr Cotter stated that requested information was still outstanding.

**Action: Mike Attwood to discuss with Martin Murphy.**

**182/12 MATTERS ARISING**

None.

**183/12 CHAIRMAN'S UPDATE REPORT**

Dr Howard Stoate explained that the membership of the Governing Body was now completed and introduced Yemisi Osho (Nurse Member who won the 2012 'Queen's Nurse' award for her work on creating 'virtual wards' in east London which provide intensive, high quality care in patient's homes), Dr Graham Rehling (Secondary Care Member), the additional three locality representatives appointed following an election process overseen by the Electoral Reform Society: Dr Sarah Chase (Frognal), Dr Sushanta Bhadra (North Bexley) Dr Gunen Ucyigit (Clocktower).and Sarah Valentine (Director of Commissioning –working agreed times with Bexley CCG until full time post commences 1.03.13.).

Dr Stoate explained that following the Authorisation inspection by the NHS Commissioning Board Bexley Clinical Commissioning Group (BCCG) successfully met 117 out of the 119 indicators as part of the Authorisation process. The panel were impressed with our clear and creative plans, partnership working especially with the London Borough of Bexley, patient and public involvement, clinical leadership models and the two-way communication between the governing body. The panel decided that two of the remaining key lines of enquiry, relating to planning, should remain as 'red indicators' until trust special administrator (TSA) plans are approved. We will continue to work closely with the TSA and prepare for the outcome of the consultation.

The Trust Special Administrator Consultation had now closed and NHS Bexley CCG had submitted a response following engagement with GPs, staff and patient groups (which is included in 20.12.12 agenda Enclosure Q).

Bexley Patient Council had met on 30 October and Ron Brewster would provide feedback from this meeting shortly. Successful engagement events were held recently when more than 100 residents across Bexley attended the Bexley CCG Older People's Day to discuss a range of local groups, activities and information to older residents. The event was also an opportunity for us to listen to the views, needs and concerns of older residents. The Bexley health improvement team held a successful when six schools took part in a sexual health awareness event, including a Dragon's Den style pitch, where pupils presented ideas to a panel about what improvements they would like to see in local services.

The procurement of neuro-rehabilitation services was underway and local, regional and national organisations attended a bidder information event with a bid submission date of 10 December to submit a bid and the award of the contract in February. 2013.

Dr Stoate referred to the NHS Choose Well campaign – if you become unwell during the Christmas and New Year break, please refer to (and encourage others) to use our helpful guide, which lists health services in the borough, including contact details and opening times. This information can be found on Bexley NHS website along with the opening times of pharmacists on Christmas Day and New Year's Day. The Keep Warm Keep Well Campaign encourages neighbours, family and friends to look out for vulnerable residents. Keeping warm over the winter months can help prevent colds, flu or more serious health conditions such as heart attacks, strokes, pneumonia and depression.

Dr Stoate thanked everyone for their hard work and commitment during the past year. Sandra Wakeford thanked Bexley CCG staff for all their contributions in the completion of the enormous amount work required for the NHS Commissioning Board Inspection Board.

Dr Stoate confirmed that all the Governing Body members had been appointed following compliance with the Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England criteria.

Mike Attwood provided an update on the progress of the transfer of Public Health to the Local Authority/Public Health England/National Commissioning Board. He explained that discussions are on-going for Bexley to share a Director of Public Health with a neighbouring borough and that the operational staff issues are progressing as previously agreed. Once the financial resource has been agreed by the Department of Health the Core Offer can be implemented. Maureen Holkham confirmed that practicalities were going ahead as arranged and that as soon as financial issues were resolved outstanding issues would be resolved.

184/12

## **OPERATING PLAN 2012/12**

### **• BEXLEY CCG QUALITY REPORT Q2 2012/13**

Simon Evans-Evans confirmed that Bexley Clinical Commissioning Group (BCCG) have received agreement from NHS London for development funds to support the new Governing Body and details will be provided to the Governing Body on how this work will be taken forward at a later date.

The Bexley CCG Quality Report Q2 2012/13 Report has been informed by the Quality & Safety Q2 reports submitted to key providers Quality Meetings which were reviewed by at the BCCG Quality & Safety Working Group on 15 November 2012. Issues on concern include SLHT Safeguarding Children's Training which remain below target and continues to be challenged at the SLHT Quality Meetings by Bexley/Bromley/Greenwich CCGs who are mindful of the Mid Staff Outcomes Report and the need to focus on improved patient care services. Agreement on the Serious Incident (SI) Reporting process has been reached with Oxleas Mental Health Service so that all SIs will be verbally reported to the CCG within 24 hours and electronically reported to STEIS (Strategic Executive Information System) within 48 hours. The reporting of Serious Incidents can be downgraded following investigation and the meeting agreed that best practice for patient care should be to report all incidents and down grade if required following investigation. A full Complaints and PALS Quarter 2 report will be provided to the next Governing Body

meeting in the Quarter Patients Insights and Experience Report. Quality issues raised on the discharge of patients continue to be raised by GPs and discussed at the SLHT Quality Review Group. Mike Attwood confirmed that the focus on quality issues with Darent Valley Hospital need to be closely monitored. The Bexley/Greenwich Quality Dashboards Reports would provide a process where information would be presented clearly and enable monitoring to be actioned and outcomes identified.

Dr Stoate explained that Dr Sarah Chase had been appointed as the Clinical GP Lead for Quality and would take this work forward.

The Governing Body **NOTED** the Bexley CCG Quality Report Q2 2012/13.

- **MONTH 7 2012/13 FINANCE REPORT (incl QIPP)**

Julie Witherall presented the Month 7 2012/13 Finance Report and confirmed that the CCG was on track to deliver a year end surplus of 1% (currently achieving the monthly planned positions and statutory duties around cash and capital resources. At present QIPP is forecasting a variance from plan of £730, which is mainly due to the performance of acute schemes, the overall performance of QIPP schemes are good.

Details from the Month 8 Finance Report indicate a reduced year end surplus reduced from £3508k to £1779k due to the inclusion of £2500k of the likely cost of the Continuing Health Care (CHC) claims this year which will impact on 2013/14 CCG resources. Further consideration will be given to CHC claims during month 9 as to whether the CCG forecast will be a statutory breakeven position with no surplus.

Sarah Blow confirmed that the retrospect Continuing Health Care claims was a national issue which impacted greatly on Bexley due to its elderly population and discussions were underway to ascertain whether there was potential for additional financial support for CHC claims.

The Governing Body:

- **DISCUSSED & NOTED** the Month 7 (October) financial position and forecast outturn detailed in this report;
- **NOTED** the indicative split of resources between the CCG's responsibilities and other areas from 1<sup>st</sup> April 2013.
- **DISCUSSED & NOTED** the key risks and cost pressures identified to achieving the surplus control total in 2012/13 and the management actions being taken to address and mitigate these risks;
- **NOTED** the revenue and capital resources available to the Care Trust;
- **NOTED** the month 7 forecast performance against the key national finance targets.

- **TARGET PERFORMANCE REPORT MONTH 7**

Julie Witherall presented the Performance Report Month 7 which highlighted for the Governing Body the targets for Bexley which are currently either red or amber. The main areas for concern are  
GP referrals into hospital  
First Out Patient Referrals  
Incomplete Referral Pathway  
Smoking Quitters Performance

Mike Attwood considered that QIPP 2013/14 would achieve significant savings through new schemes and would improve target performance.

The Governing Body **NOTED** the report and the actions being taken (Appendix 2) to improve performance.

- **ACUTE SERVICES CONTRACT PERFORMANCE REPORT – MONTH 6**

Mike Attwood stated that the over performance of acute contracts by 3% continues with the current figure of £2,769k and an estimated year end figure of £6,180k. Improvements have been achieved in year in the main cost drivers e.g. RTT back log clearances. The current 'cap and collar' payment system with SLHT will not be used and the Department of Health/National Commissioning Board will issue new guidance for going forward.

The meeting discussed over performance at SLHT, Guys & St Thomas and Kings College Hospitals and significant improvements which have taken place. Incomplete data regarding critical care and cardiology needed clarification.

**ACTION**

The meeting **NOTED** the Acute Services Contractor Performance Report – Month 6.

- **MENTAL HEALTH PERFORMANCE REPORT**

Mike Attwood highlighted the major variances in the Mental Health Performance Report Month 8 which detailed a forecast out turn overspend of £919k relating to overspend in Mental Health Adult Cost Per Case and contract activity in Forensic, TARN and UEA over performance. The meeting agreed stronger links with GPs and Mental Health Services need to be included in work plans and contract negotiations.

The Governing Body **NOTED** the Mental Health Contract Performance Report.

- **COMMUNITY COMMISSIONING PERFORMANCE REPORT**

Sarah Blow explained that the report was incomplete and was therefore withdrawn from the agenda.

- **ORGANISATIONAL DEVELOPMENT AND TRANSITION**

Simon Evans-Evans explained that additional funds to develop the Clinical Commissioning Groups leadership skills across South East London had been made available from the National Commissioning Board. Details of how the funds would be used to progress the development the corporate objectives of the Governing Body would be shared when agreed.

The Governing Body **NOTED** the update on Organisational Development and Transition.

- **STAFFING**

Simon Evans-Evans outlined the changes to the structure of the Commissioning Directorate proposals consultation that reflected the need to secure an effective integrated approach towards commissioning. The number of Assistant Directors in the directorate has been reduced from four to three with the Director of Commissioning taking overall leadership of strategy and business planning. The Assistant Director role for strategy and business planning has been removed from the structure.

The Governing Body **NOTED** the update on Staffing.

185/12

#### **OPERATING PLAN 2013/14**

##### **• COMMISSIONING INTENTIONS AND 2013/14 CONTRACTING ROUND**

Mike Attwood summarised the latest version of the draft Commissioning Intentions 2013/14 that was submitted to the NHS Commissioning Board for authorisation and which will be updated by 24<sup>th</sup> December 2012. Financial allocations should be available nationally in late December to inform the final versions of both the Bexley CCG Commissioning Intentions and 2013/14 Operating Plan by 1<sup>st</sup> January 2013.

The report confirms the broad priorities agreed at the Governing Body Seminar held on 28<sup>th</sup> November 2012 and has been updated to include specific comments about strengthening secondary/primary care integration and wider 24 hour community services. The priorities flow from the JSNA refresh agreed by the shadow Governing Body and the Health and Wellbeing Board in September 2012 as well as the Community Based Care Strategy that we have produced as CCGs across South East London and our joint commissioning priorities with the London Borough of Bexley and Greenwich and Bromley CCGs.

Priorities cover both health services and health improvement (especially obesity) and are split into two streams to maintain/develop and step change/transform.

The next version will reflect:-

- Clinical/GP and partner feedback from the last engagement event on 11<sup>th</sup> October
- the NHS National Mandate priorities
- NCB London priorities and process for primary care and specialised commissioning
- one integrated timetable drawing together local, South East London, London and national priorities into a unified approach
- joint and collaborative commissioning priorities with the London Borough of Bexley and our fellow CCGs across South East London
- integration of the TSA recommendations and the Bexley CCG commissioning intentions for Queen Mary's Sidcup into the overall approach
- a drawing together of our main overall priorities for quality improvement, performance management and acting on patient and public feedback.

On 17<sup>th</sup> January 2013 the next GP event and Primary Care Advisory Group will take the opportunity to engage with both the wider CCG membership and our partners across Bexley to guide our priorities.

Appendix 1 shows the latest version of our Transformation Plan which is closely allied to the Community Based Care Strategy and targets both service redesign and more effective contract management opportunities that must deliver our QIPP 2013/14 total, currently estimated to be £10.5 million. It also sets out double running/bridging costs to enable new services to be established in advance of reducing our dependence on acute services and programme management one-off support to ensure that we can have as many schemes as possible scoped, modelled, costed and ready to start on 1<sup>st</sup> April 2013.

Dr Ucyigit referred to the work of the QMS Specialist Dementia Unit aimed to reduce the number of unnecessary admissions and stressed the need to ensure the QIPP proposals relating to dementia services needed to be implemented as

soon as possible to improve services.

The Governing Body **NOTED** the Commissioning Intentions and 2013/14 Contracting Round report.

- **UPDATE ON FINANCE PLANNING FOR 2013/14**

Julie Witherall summarised the Update on Financial Planning for 2013/14 report which provided the Governing Body with assurance that the financial planning process is well underway. Appendix 1 shows the updated budget setting timetable, showing progress to date which is generally on track. Budgets have been developed using both the initial simple model and then the TSA planning assumptions, adjusted for latest London guidance as below:

The initial gap identified based upon the current forecast out-turn position is £10.5m and there are QIPP plans to deliver £10.5m being developed to bridge the gap. The meeting considered the risk that this gap may increase either due to a movement in the forecast outturn position, which may be as a result of the necessity to pay continuing healthcare retrospective reviews or a deterioration in the acute position, or due to the allocation being less than anticipated when it is announced in December. It was noted that planning does not include provision for 0.5% risk share for South East London included in the framework for collaboration. The financial risk sharing document includes provision for smaller contributions for those already in an agreed planned recovery programme.

Following receipt of the CCG's allocation, further work will be undertaken to assess if the gap is larger or smaller than anticipated. Currently there is an assumption that the reduction in the allocation is equal and opposite to the expected reduction in budgets. Draft budgets have been issued to directors and senior managers for review to ensure there are no omissions, cost pressures or duplications, and to identify any QIPP/CIP schemes. Further updates will be provided to the Governing Body in accordance with the budget setting timetable, with final budgets expected to be signed off before the start of 2013/14.

Keith Wood stressed the need to ensure that stringent monitoring of QIPP takes place and Sarah Blow supported this approach and confirmed that the financial planning for the year ahead and confirmed that clinical leadership and patient involvement would be part of the transformational process going forward. Maureen Holkham confirmed that the CCG and Local Authority were working together to ensure value for money services were delivered transparently to the public.

The CCG Governing Body are asked to:

- **NOTED** the progress made to date with the budget setting timetable;
- **NOTED** the 2013/14 gap, to ensure a 1% surplus position, based on the current forecast outturn position is approximately £10.5m and QIPP schemes are being identified to meet this shortfall;
- **NOTED** that the CCG has not yet been informed of its 2013/14 allocation and the budget setting process is therefore being undertaken without knowing the level of funding available. Once the level of funding is known it is possible that the financial gap may have to increase to balance the position.

- **PROPOSAL ON REPORTING**

Simon Evans-Evans explained the tabled report detailed the Governing Body new style report which would provide a succinct oversight of the overall position of the CCG and brings together the CCGs performance in relation to Finance, Quality,

Performance and management of the CCG.

It was proposed that the CCG's vision would be delivered through a set of Four Corporate Objectives derived from the vision:

- Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders
- People:** Empower our staff to make BCCG the most successful CCG in (south) London
- Pounds:** Delivering on all of our statutory duties and become an effective, efficient and economical organisation
- Process:** Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience

The operational report is designed to enable the Governing Body to easily ascertain performance against:

- Corporate Objectives and
- Key Measures

Once developed the report should allow the governing body to focus on those areas that are most pressing whilst allowing for the committees and working groups to take a deep dive into the relevant data as follows:

- Outcomes framework – Quality and Safety Working Group
- Commissioning Intentions – Executive Management Committee
- Performance Headline Measures – Quality and Safety Working Group
- Quality – Quality and Safety Working Group
- QIPP – Finance Working Group
- Safeguarding – Quality and Safety Working Group
- OD - Executive Management Committee

Following questions from Dr Bhadra it was confirmed that the Working Groups would highlight to the Governing Body relevant information regarding indicators and areas of concern.

Dr Stoate welcomed the new style reporting which would provide clearer documentation presented in an open and transparent format.

The Governing Body:

**AGREED** the four Corporate Objectives

**AGREED** the seven target areas

**AGREED** to develop the framework

**AGREED** the Board report template

186/12

#### **DEVELOPMENT OF JOINT COMMISSIONING WITH THE LONDON BOROUGH OF BEXLEY AND ARRANGEMENTS FOR SECTION 75 FUNDS**

Mike Attwood explained that the meeting paper had been agreed with the London Borough of Bexley and sets out an agreed Executive plan to restructure the Commissioning Directorate. The Director of Commissioning will have clear overall leadership of both strategy and the annual contracting round with three Assistant Directors who have clear portfolios for each of Transformation/redesign; NHS contracting and procurement and Integrated commissioning with LBB. The consultation has been agreed with the London Borough of Bexley following NHS Human Resource processes and the recruitment for the Assistant Director of Integrated Commissioning undertaken internally initially.



It is planned to establish an integrated commissioning team with the London Borough of Bexley to accelerate service integration through Option A (detailed in meeting paper) agreed at the Bexley Health and Well-being Shadow Board October 2012 meeting. London Borough of Bexley and CCG staff would work closely together to develop joint specifications for services, share monitoring arrangements and data, and pool budgets where appropriate (under the new agreed generic section 75). Each would still contract with other organisations separately where this is required to fulfil statutory or organisational requirements. It is recognised that this approach may require a Memorandum of Understanding to ensure that parties are clear on roles and expected outcomes.

Maureen Holkham stated that this was a constructive step forward in joint commissioning between the two organisations and would ensure improved provision of patient services.

The Governing Body **APPROVED** the Development of Joint Commissioning with the London Borough of Bexley and arrangements for Section 75 Funds

**187/12 DRAFT ASSURANCE FRAMEWORK**

Simon Evans-Evans explained the Board Assurance Framework is part of the overall risk management framework (approved at the Governing Body Public Meeting on 25<sup>th</sup> October 2012) and is designed to capture the risks that will affect the delivery of our strategic objectives. He stated that the Audit and Integrated Assurance Committee (AIAC) would normally review the Draft Assurance Framework before coming to the Governing Body. The AIAC would indicate their rating of the controls currently in place, however as this is the first full version of the new style BAF the AIAC has not had the opportunity to discuss this in detail.

The Governing Body **DISCUSSED** the Draft Assurance Framework.

**188/12 WORKING WITH PHARMACEUTICAL INDUSTRY POLICY & GUIDANCE FOR JOINT WORKING WITH THE PHARMACEUTICAL INDUSTRY v.1.01**

Simon Evans-Evans explained that following the approval of the Conflicts of Interest Policy at the Governing Body Meeting on 25<sup>th</sup> October 2012 it had been agreed that a separate policy for working with the pharmaceutical industry was required. This policy sets out the main responsibilities of Bexley Clinical Commissioning Group (BCCG) staff entering into joint working with the pharmaceutical industry on behalf of BCCG as well as members of the CCG.

Dr Stoate stressed that joint working with the pharmaceutical industry on behalf of the CCG should only be considered where the benefits that this could bring to patient care and the difference it can make to their health and well-being are clearly advantageous.

During discussions it was highlighted that the Local Medical Council (LMC) had strict guidance on working with the pharmaceutical industry and participation in GP trials needed approval through the Ethics Committee. Following questions, Simon Evans-Evans stated that declaration of meeting refreshment sponsorship of £25.00 per head should be included on the Register of Gifts.

The Governing Body **APPROVED** the Policy and Guidance for Joint Working with the Pharmaceutical Industry v 1.01

**189/12 2013/14 COUNTER FRAUD**

Julie Witherall explained that the CCG will be required to have a Local Counter

Fraud Service in place on 01/04/2013 and a requirement of authorisation is to demonstrate that these arrangements are in place. This service is included in the core offer for finance from the Commissioning Support unit (CSU) and forms part of their service specification which the CCG has signed up to.

The CSU has produced the paper attached at Appendix 1, which explains the current arrangements across all the PCTs which are currently serviced by the CSU. Given the number of providers, the uncertainty of the exact requirements of CCGs and the time required to undertake a procurement/tender exercise, the CSU is proposing that the contracts with the two main providers are rolled forward for one year on the basis of the provision of 85 days support per year (refer to calculation in the paper). For Bexley CCG, this would mean that there would be no change to the provider of Local Counter Fraud services in 2013/14 and therefore the organisation would benefit from continuity of service.

The Governing Body:

- **AGREED** the proposed level of 85 days of Counter Fraud Support, subject to review in year based upon the calculation in the attached paper
- **AGREED** that the existing Local Counter Fraud contract with London Audit Consortium is rolled over (based on the 85 days per CCG) for one year to allow a tender process to be undertaken

190/12

#### **INTERNAL AUDIT (IT) PROVISION FOR 2013-14**

Julie Witherall explained that the CCG will be required to have a robust Internal Audit Service in place on 01/04/2013 and a requirement of authorisation is to demonstrate that these arrangements are in place. This service is included in the core offer for finance from the Commissioning Support unit (CSU) and forms part of their service specification which the CCG has signed up to.

Appendix 1 explains the current arrangements across all the PCTs which are currently serviced by the CSU. Given the number of providers, the uncertainty of the exact requirements of CCGs and the time required to undertake a procurement/tender exercise, the CSU has proposed a number of options to ensure continuity of service provision. From the available options, option 2 would seem the most advantageous and one of the current providers has been asked to draft a paper which is attached at Appendix 2 demonstrating how the arrangements may work for 2013-14 if this were the agreed way forward and is not to pre-empt any decision. If this is agreed as the preferred option, then work could begin on the development of the audit plan for 2013-14.

For Bexley CCG, option 2 would mean that there would be no significant change to the provider of an Internal Audit service in 2013/14 and therefore the organisation would benefit from continuity of service.

**ACTION** Keith Wood requested a breakdown of the daily charge for internal audit services and Julie Witherall agreed to feedback this information.

The Governing Body:

- **APPROVED** the decision that option 2 identified in the attached paper should be pursued by the Commissioning Support Unit to ensure continuity of service provision with a full tender process being undertaken for the new contract from 2014-15.
- **APPROVED** the document from the Head of Internal Audit on how the arrangements are proposed to work during 2013-14 to ensure that the CCGs receive the service provision required. This document was produced to assess the viability of option 2 and has shown this to be a workable

solution.

191/12  
192/12

### **DETAILED FINANCIAL PROCEDURES (INCORPORATING SCHEDULE OF MATTERS DELEGATED TO OFFICERS)**

Julie Witherall explained that the document had been developed locally to set out the detailed financial responsibilities, policies and procedures to be adopted by the Clinical Commissioning Group. They are designed to ensure that financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. This document should be read in conjunction with the Constitution and the Financial Management Arrangements document. These instructions identify the financial responsibilities which apply to everyone working for the BCCG (including Commissioning Support Unit staff) and have been approved by the Chief Financial Officer.

Within the document is a revised schedule of matters delegated to officers (operational scheme of delegation) which was approved at the last Governing Body meeting. This has been updated to reflect the new agreed committee structure of the CCG with effect from 1<sup>st</sup> October 2012 and amended to ensure that all tenders are approved prior to advertisement and the award of tenders are also approved (ref 31 pages 98-99). Minor changes to wording, to both documents, has also been completed as requested by the Audit Committee on 7<sup>th</sup> December 2012 as follows:

- Change of the word chief to sovereign in paragraph 39.3 on page 54;
- Change to point c, ref 3 on page 87 to provide clarity that schemes over £250k also need to be considered and recommend by the Executive management Committee before being considered and approved by the Governing Body.

The Governing Body **APPROVED** the slightly revised detailed financial policies and slightly revised schedule of matters delegated to officers which reflects the new agreed committee structure of the organisation with effect from 1<sup>st</sup> October 2012 as outlined in the constitution document; amendments to the procurement policy to ensure all tenders are approved prior to advertisement and the award of tenders are also approved; and minor wording, to both documents, requested by the Audit Committee on 7<sup>th</sup> December 2012.

193/12

### **QUESTIONS FROM THE PUBLIC**

Question 1

Clarification was sought on which organisation would be responsible for safe custody for money and other personal property of patients (Enc L, page 79) after 31<sup>st</sup> March 2013 when PCTs no longer existed.

Sarah Blow explained that the National Commissioning Board would be responsible for this function.

Question 2

Would Bexley Care Trust responsibilities for transfer of services to Oxleas be dependent on the outcome of the Trust Special Advisor proposals”

Sarah Blow confirmed that the BCT Provider Services Unit had already transferred to Oxleas two years ago. The CCG would commission services and would not provide any services.

Question 3

Update on the progress on the redevelopment of the Crayford Town Hall was requested.

Mike Attwood agreed to discuss this outside the meeting. **Action**

**194/12 NHS MANDATE (OUTCOMES FRAMEWORK) & PETITIONS**

**195/12**

Simon Evans-Evans explained that the NHS Mandate sets out the ambitions for the health service for the next two years and is based on five key areas for improvement which will be led by the National Commissioning Board. He highlighted some specific points of interest in the NHS Mandate to the Governing Body regarding Section 1: Preventing people from dying prematurely and Section 4: Ensuring that people have a positive experience of care

Simon Evans-Evans provided the Governing Body with an update on two petitions encouraging the CCG to protect the NHS from the private sector. The first petition from an unnamed group had been forwarded to NHS London. A meeting was being arranged with 38 Degrees, Dr Stoate and Simon Evans-Evans to discuss the second petition regarding a London wide campaign to include additional specific wording into the CCG Constitution.

The Governing Body **NOTED** the NHS Mandate (Outcomes Framework) & Petitions Update.

**196/12 RUNNING COSTS FOR THE NEXT TWO YEARS**

Julie Witherall explained that as part of the authorisation process, the CCG is required to have presented and be aware of the calculations for the running costs for 12/13 and 13/14, the first year of being a CCG.

Appendix 1 shows the budgeted running costs per the latest definition and population – the Care Trust's budgeted running costs for 12/13 are £26.41 excluding public health and an additional £6.78 represents the public health running costs. Clearly, this does not quite meet the required £25 per head which is needed for the 13/14 running costs. This difference is addressed in the proposed new structure.

Appendix 2 shows the calculated running costs for 2013/14 taking into account the costs of services planned to be purchased from the South London Commissioning support services (CSS) and delivered in-house by the Clinical Commissioning Group (CCG).

Following questions from Keith Wood, Julie Witherall confirmed that the £24.02 running costs included the new commissioning directorate structure and is within the £25.00 per head threshold

The Governing Body:

**NOTED** the details of the planned 12/13 running costs, how they are made up and the fact that they exceed the £25 per head requirement for the following year;

**NOTED** that the proposed new CSS and CCG structure addresses the requirement to meet the £25 per head criteria;

**NOTED** the planned 13/14 running costs, how they are made up and the fact they are within the required £25 per head threshold.

**197/12 BEXLEY CCG RESPONSE TO TRUST SPECIAL ADMINISTRATOR (TSA)**

Dr Stoate stated that the meeting paper (BCCG letter in response to the TSA) was available on the website and was based on the full decision of the Governing Body following discussion with the Patient Council and Bexley wide GPs. Mike Attwood confirmed that the response was based on the Community Based Strategy and had considered the effect on the QMS site. The outcome of the TSA consultation would be discussed at the next meeting of the Governing Body.

The Governing Body **NOTED** the Bexley CCG response to the Trust Special Administrator.

**198/12**

**WINTER RESILIENCE/PRESSURE SURGE MANAGEMENT**

Mike Attwood explained that the meeting report detailed the tried and tested arrangements, incorporating learning from previous winter periods, which are in place to ensure local services are prepared for winter pressures. A rigorous assessment of the preparedness of NHS organisations in the capital has been undertaken by NHS London. The Bexley, Bromley & Greenwich Urgent Care Network has been leading on providing this assurance. Issues local to Bexley including communications are addressed at the Bexley Winter Resilience Committee. Bexley's plan covers the eight key areas identified by DH and encompasses the local multi-agency arrangements for meeting the health and social care needs of the population over winter including the Christmas/New Year Bank Holiday period.

Mike Attwood thanked Sue Robinson, Peter Buck (BCCG) and Tom Brown (Local Authority) for their contributions involved in this programme of work which was being led by Angela Bhan (Bromley CCG) on behalf of Bexley, Bromley & Greenwich. Winter resilience plans are based on central guidance and learning from previous years.

Sarah Blow explained that the Governing Body would discuss pressure surge management at a later meeting when detail on the strategic and operational issues to be taken forward by the National Commissioning Board and CCGs would be provided. CCGs across South East London would need to work together on operational issues and there needed to be absolute clarity in the system to ensure strategic and operational responsibilities were understood.

The Governing Body **APPROVED** the Winter Plan 2012/13.

**199/12**

**TENDER FOR BEXLEY INTEGRATED SPECIALIST NEUROREHABILITATION SERVICES**

Mike Attwood provided a verbal update on the Tender for Bexley Integrated Specialist Neurorehabilitation Services and explained that further agreed actions needed to take place before a decision could be taken. Approval was required by 4 February 2013 and this would necessitate Chairs Action being taken following discussion at the Executive Management Committee in January with the CCG Chair, CCG GP Leads, Executive Directors and Lay Representative. The Chairs Action would be included on the Governing Body Agenda on 28<sup>th</sup> February 2013.

The Governing Body **NOTED** the update on the Tender for Bexley Integrated Specialist Neurorehabilitation Services.

**200/12**

**AGREEMENT OF SERVICE LEVEL AGREEMENT WITH SOUTH LONDON COMMISSIONING SUPPORT UNIT**

Mike Attwood explained that as part of the authorisation process Bexley CCG is required to have a signed Service Level Agreement with the South London Commissioning Support Unit (CSU). This service provides a range of support from acute contracting, financial services and Business Intelligence through to procurement advice, workforce advice and HR support. Legal advice to both the CSU and CCGs has been provided by Capsticks and the financial envelope agreed for the service is consistent with our financial planning assumptions.

The SLA signed includes an explicit period between 1<sup>st</sup> December and 31<sup>st</sup> March 2013 during which a number of development issues will be further worked through, including, further testing of Key Performance Indicators and incentivisation / penalty measures. The CSU is formally part of the NHS Commissioning Board Local Area Team for South London and CCGs are empowered nationally to go to open procurement from April 2015. We have a CSU procurement policy that supports this which was submitted as part of authorisation. Escalation processes include the option of full escalation to the South East London Chief Officers Group which will be chaired by Sarah Blow. Regular customer surveys are planned into the SLA requirements and the Account Director for CSU will join the Bexley Executive Management Committee as appropriate.

The Governing Body **NOTED** the Agreement of Service Level Agreement with South London Commissioning Support Unit has been signed and that the CCG has submitted detailed comments which will form part of the forward development plan.

## **202/12 INTEGRATED SINGLE FINANCIAL ENVIRONMENT (ISFE) PID PROJECT IMPLEMENTATION DOCUMENT**

Julie Witherall explained that from 01/04/2013, the CCG is required to have a new financial system in place which is known as (ISFE). ISFE is funded by the National Commissioning Board and has been set up to ensure compliance with their reporting requirements.

Training on the new system will be undertaken in the new year and as the Care Trust is currently using Version 12 of the SBS system, it is understood that there are not major changes in functionality.

The Chief Financial Officer has signed off the PID on the CCG's behalf and is being kept up to date on the progress of the implementation.

The Governing Body:

- **NOTED** the PID in respect of the new financial system for the CCG which will be effective from 1<sup>st</sup> April 2013 and complies with the authorisation requirements
- **NOTED** the CCG has signed up to this PID and is working with CSU colleagues in the development of the system

## **202/12 COMMITTEE/SUB COMMITTEE MINUTES**

The Governing Body **RECEIVED** and **NOTED**:

Bexley Patients Council Meeting Notes 30.10.12

Ron Brewster, Chair, explained that concerns had been raised regarding the future of the LINKS staff who were due to transfer to Sure Trust if they were the successful bidder for the service. Unfortunately Sure Trust has withdrawn from the bidding process. Maureen Holkham confirmed that the successful bidder will be appointed by the end of February and this organisation will discuss TUPE arrangements with the LINKs staff concerned. Sarah Blow confirmed it was important not to lose the important LINKs staff resource and asked Mike Attwood to liaise with Annie Gardiner and Ron Brewster to agree CCGs speakers at future

Bexley Patients Council Summary sheets: **ACTION**

Executive Management Committee 29.11.12

Information Governance Group 20.11.12

## **203/12 ANY OTHER BUSINESS**

### **Savile Allegations**

Simon Evans-Evans confirmed that following a request from David Nicholson for all

boards of NHS Trusts and Foundation Trusts to review their arrangements and practices relating to vulnerable people, particularly in relation to safeguarding, access to patients (including that afforded volunteers or celebrities) and listening to and acting on patient concerns the Governing Body would receive a report for further discussion on this issue at a future public meeting.

204/12

## **PUBLIC QUESTION TIME**

### Question 1

Concerns were raised that at the level of uptake for flu vaccinations by NHS front line staff and how this could impact on patient service delivery and whether any steps could be taken to increase staff participation in the programme.

Mike Attwood stated that communication with NHS staff was a key issue.

Commissioners could consider seeking assurance from providers that levels of staff flu vaccination uptake would be addressed to ensure consistent services over winter months.

### Question 2

Reference was made to the Bexley Commissioning Intentions 2013/14 document in regard to plans detailed on Page 10 regarding the development of the diabetes type 1 services from acute care services. It was stressed that some forms of diabetes type 1 needed to be delivered by the acute services and concerns were raised that this would not be addressed appropriately.

Dr Bhalla confirmed that BCCG Clinicians will ensure that all aspects of diabetes care will be delivered appropriately. Dr Cotter confirmed that NICE guidance would be adhered to at all times.

### Question 3

In reply to concerns raised regarding the next Sure Trust Meeting Maureen Holkham agreed to discuss issues at the end of the meeting separately.

### Question 4

Further information was sought by members of the Patient Council on the development of the Anticoagulation programme and in particular DVT.

Mike Attwood confirmed that the outcome of the bidding process would be finalised shortly and an update would be provided to the Patients Council when appropriate.

### **Action**

### Question 5

Representatives from 'Save our Local Hospital' raised concerns at the lack of Bexley CCG and GP consultation/engagement regarding the Trust Special Administrator proposals.

Simon Evans-Evans confirmed that the members of the Governing Body had taken part in public meetings, discussion had taken place regarding the TSA proposals at various CCG meetings including locality and staff meetings and that staff and GPs had been encouraged to reply individually directly to the TSA. A copy of the CCG response to the TSA proposals was included in the meeting papers and could be found on the NHS Bexley website.

### Question 6

Members of the public asked if there was any update on what services would remain on the QMS site.

Mike Attwood explained that the outcome of the Trust Special Administrator proposals would provide a clear remit and would be shared with the public as soon as possible.

#### Question 7

Several issues relating to communication and public engagement with the public were raised:

- 1<sup>st</sup> Governing Body meeting attended and found it to be very informative with information clearly presented and explained. However issues with finding documents on the website very problematic
- information on patient participation and how to join groups not readily identifiable on website
- more information included in local papers and participation with members of the public in shopping centres/local supermarkets
- lack of public consultation on the CCG Constitution
- concerns with patient transport services

Sarah Blow thanked the public for their interest and comments regarding the CCG and explained that the CCG was currently in shadow form and would be established on 1<sup>st</sup> April 2013. In March 2013 the CCG would promote the new organisation by various methods – new website/public event/twitter/newspapers. Ron Brewster explained that there were Patient Participation Groups at all Bexley GP surgeries and Dr Ucyigit agreed to meet after the meeting to discuss registration process with member of the public.

Dr Stoate confirmed that the CCG Constitution did not require public consultation, however all Bexley GPs had been included in the consultation process and the Local Medical Committee (LMC).

**206/12**

#### **DATE AND TIME OF NEXT PUBLIC MEETING**

Bexley Clinical Commissioning Group Governing Body Public 28 February 2013  
13.00 – 15.00 at Barnehurst Gold Club, Bexleyheath.